

This is my: Original Application Revised Application

Samples-Use Black Ink
Yes
No [TEXT] [BOX]

EMPLOYEE INFORMATION

Social Security Number, Home Telephone, Work Telephone, Position Title, Last Name, First Name, M.I., Home Street Address, City, State, Zip Code, E-mail Address (if available)

17530

Division/Plant: Delphi Kettering, IUE-CWA Local: 755, IUE-CWA Seniority Date, Present Job Title: LAID OFF, Active/Inactive, Last Day Worked

COURSE/PROGRAM INFORMATION

Check One: 2 year Degree, 4 year Degree, Graduate, Post-Grad (Ph.D.), Certificate, Non-Degree, Will you be completing your degree/program this term?

Degree/Major, Name of School, School Address (Street, City, State, Zip)

Term Beginning Date, Term Ending Date (Month, Day, Year)

Table with columns: Type, Course Number, Course Title, C - Cig Credit, Credit/Course Hrs, Taxable?, Tuition, Lab Fees*, Estimated Total

undergraduate, graduate, neither, Will you be receiving other financial assistance to pay for your studies?, What other aid will you be using to pay for you studies?

Compulsory Fees*, Amount, Amount Requested

*Note: This plan does not cover supplies, parking, transportation, audited courses, or other miscellaneous fees. Employees are eligible for \$100.00 book reimbursement that comes out of the annual tuition cap. Please request a boo reimbursement form to process.

CONDITIONS

I wish to enroll in the above course(s)/program. I agree to pay any late payment or additional fees if my application is not submitted in a timely manner...

Questionnaire To Determine IRS Job-Relatedness of Education Expenses

- A. Does this course maintain or improve skills required in your current job?
B. Is this course part of a program which can qualify you for a NEW job position, trade, or business opportunity?
C. Is this course required by law or regulation for you to keep your current job?

If Question A and C are "YES and B is "NO", then the course is considered Job-Related by the IRS and educational assistance may be excluded from your income.

Employee: Use this as a guideline to rate each course Yes or No in the shaded Job-Related column above. Supervisor's Concurrence: I have reviewed the employee's determination's on job-relatedness for each class and agree with the determination(s) based on the job-related questionnaire.

Employee Signature, Date

Supervisor's Signature: LAID OFF N/A, Supervisor's Name (Print), Date